

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE

Calendar year ☐ Fiscal year ☐

Business telephone number ()	Please print or type.	Name	Federal employer ID number (FEIN)
Business activity code number (from federal Form 1120)		Number and street	AZ withholding tax number
		City or town, state and ZIP code	AZ transaction privilege tax number

65 Check box if: ☐ Name change ☐ Address change

Yes	No

For DOR use only

- A** Is this amended return based on a federal audit? If yes, attach a copy of the federal audit.
- B** Did you file a federal amended return? If yes, attach a copy of the federal amended return.
- C** Are you changing the method of filing to Arizona?
- D** If amending a return more than 4 years old, did you attach a copy of your Arizona return as filed and/or corrected?
- E** You are amending your: Original return
Amended return
Arizona audit

81**66**

	(a) As originally reported or adjusted	(b) Net change increase or (decrease)	(c) Correct amount
1 Taxable income	00	00	1 00
2 Additions to taxable income	00	00	2 00
3 Total taxable income - add lines 1 and 2	00	00	3 00
4 Subtractions from taxable income	00	00	4 00
5 Arizona adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13	00	00	5 00
6 Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY	00	00	6 00
7 Nonapportionable or allocable amounts. Multistate corporations only	00	00	7 00
8 Adjusted business income - subtract line 7 from line 6. Multistate corporations only	00	00	8 00
9 Arizona apportionment ratio. Multistate corporations only	.		9 .
10 Income apportioned to Arizona - multiply line 8 by line 9. Multistate corporations only	00	00	10 00
11 Other income allocated to Arizona. Multistate corporations only	00	00	11 00
12 Income attributable to Arizona - add lines 10 and 11. Multistate corporations only	00	00	12 00
13 Arizona income before NOL - from line 5 or line 12	00	00	13 00
14 Arizona basis net operating loss carryforward - attach computation schedule	00	00	14 00
15 Arizona taxable income - subtract line 14 from line 13	00	00	15 00
16 Tax - Tax is 8% of line 15 or \$50, whichever is greater.	00	00	16 00
17 Tax from recapture of credits - from Arizona Form 300, Part II	00	00	17 00
18 Subtotal - add lines 16 and 17	00	00	18 00
19 Clean Elections Fund Tax Reduction	00	00	19 00
20 Tax credits - from Arizona Form 300, Part II	00	00	20 00
21 Credit type - enter form number for each credit claimed	21 3	3	
22 Subtotal - subtract the sum of lines 19 and 20 from line 18	00	00	22 00
23 Correctional industries recapture tax - from Arizona Form 300, Part II	00	00	23 00
24 Tax liability - add lines 22 and 23	00	00	24 00
25 Clean Elections Fund Tax Credit. See instructions before completing this line	00	00	25 00
26 Tax liability after Clean Election Fund tax credit - subtract line 25 from line 24	00	00	26 00
27 Retroactive consolidation tax payment credit - see instructions	27	00	
28 Payments (extension, estimated) - from page 2, Schedule D	28	00	
29 Payment with original return plus all payments after it was filed - from page 2, Schedule D	29	00	
30 Total payments - see instructions			30 00
31 Overpayment, if any, as shown on original return or as later adjusted - see instructions			31 00
32 Total payments applied to amended tax liability - subtract line 31 from line 30			32 00
33 TOTAL DUE - If line 26(c) is larger than line 32, enter the total due			33 00
34 OVERPAYMENT - If line 32 is larger than line 26(c), enter the overpayment			34 00
35 Amount of line 34 to be applied to 2000 estimated tax			35 00
36 Amount to be refunded - subtract line 35 from line 34			36 00

C1 Average yearly value of real and tangible personal property:

(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
X 2		

C3 (a) Gross sales, less returns and allowances

(b) Sales delivered or shipped to Arizona purchasers

(c) Other gross receipts (rents, royalties, interest, etc.)

(d) Total sales within Arizona

(e) Double weight sales factor

(f) Sales factor ratio. For column (a), multiply line C3(d) by line C3(e);
for column (b), add lines C3(a) and C3(c)

C4 Total ratio - add lines C1(h), C2 and C3(f), in column (c).....

C5 Average ratio - divide line C4 by four (4). Enter the result in column (c) and on page 1, line 9(c)

A. Extension and Estimated Payments	Date of Payment	Amount
1 Estimated payment	_____	_____
2 Estimated payment	_____	_____
3 Estimated payment	_____	_____
4 Estimated payment	_____	_____
5 Extension payment	_____	_____
6 Total. Add lines 1 through 5. Enter total here and on page 1, line 28		

B. Other Payments	Date of Payment	Amount
1 Payment with original return....		
2 Payment		
3 Payment		
4 Payment		
5 Payment		
6 Total. Add lines 1 through 5. Enter total here and on page 1, line 29		

The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	Officer's signature	Title	Date
	Officer's signature	Title	Date

Paid _____
Preparer's _____
Use Only Preparer's signature Date

Firm's name (or preparer's, if self-employed)	Preparer's TIN
Firm's address	ZIP code